

NOTICE OF CLAIM OF EXEMPTION

DATE _____

File # _____

FEE: _____

APPLICATION FOR (Check only one):

APPLICATION TYPE (Check only one):

_____ INITIAL FILING

_____ SEASONED FRANCHISOR

_____ RENEWAL FILING

_____ AMENDMENT FILING

_____ INSTITUTIONAL FRANCHISEE

1. Name of Franchisor:

Name of Franchise:

2. Franchisor's principal business address:

3. Name, address and telephone number of sub franchisors, if any, for this state:

4. Name, address, telephone number, and e-mail of person to whom communications regarding this application should be directed:

The undersigned Franchisor represents that it shall provide prospective purchasers in the Commonwealth of Virginia an offering circular that complies with 21 VAC 5-110-90, or an FTC disclosure document (16 CFR Part 436) 14 calendar days prior to the signing of an agreement or receipt of consideration.

Form H

7/07

In addition, if claiming the Seasoned Franchisor exemption, the undersigned represents that:

(1) (Check the applicable box)

() The Franchisor has a net equity on a consolidated basis, according to its most recent audited financial statement, of not less than \$15,000,000;

Or

() The Franchisor has a net equity of \$1,000,000 according to its most recent unaudited financial statement and is at least 80% owned by a corporation or other entity which has a net equity on a consolidated basis, according to its most recent audited financial statement, of not less than \$15,000,000 and the owner guarantees the performance of the Franchisor's obligations;

(2) The Franchisor or any 80% owner of the franchisor or the franchisor's predecessor, or any combination thereof, has had at least 25 franchisees conducting the same franchise business to be offered or granted for the entire five-year period immediately preceding the offer or sale.

Attach a copy of the Franchisor's most recent Uniform Franchise Offering Circular or an FTC disclosure document (16 CFR Part 436) and, if applicable, financial statements of any corporation the Franchisor is relying on to qualify for the exemption.

This claim of exemption will be effective for a period of 12 months from the date it is granted. A renewal notice shall be filed 10 business days prior to the expiration of the effective period.

Certified this _____ day of _____, 20_____

By _____

Signature

Type or Print Name and Title

For

Type or Print Name of Franchisor